

DEPARTMENT OF AGING

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July 18, 2008

Pamela B. Smith, Director
County of San Diego
Aging & Independence Service
9335 Hazard Way, Suite 100
San Diego, California 92123

Dear Ms. Smith:

Enclosed is the final report issued by the California Department of Aging (CDA), which summarizes the onsite comprehensive assessment of the County of San Diego, Aging & Independence Services Agency (AIS) serving Planning and Service Area (PSA) 23. CDA staff conducted the assessment on March 17-20, 2008. The purpose of the assessment was to review the Administrative, Fiscal, and Program components of your direct and contracted Title III/VII, Title III E, Title V, HICAP, and Community-Based Services Programs (CBSP).

The format of the report contains four specific sections that include: Recap/Overview of Monitoring Visit, Best Practices or Models of Service Delivery, Technical Assistance, and Findings Requiring Corrective Actions.

On May 19, 2008, CDA sent AIS a Report of Findings and Corrective Actions and a Corrective Action Plan (CAP) in an electronic format requesting AIS, within 30 days, to identify the actions it planned to implement to ensure substantial compliance with all statutory language and program standards identified in the CAP. We are currently reviewing the submitted CAP and will notify AIS when the review is complete, if any additional actions are required, or if the CAP is approved as submitted.

We would like to thank you, your staff, the Governing Board Chair, and the Advisory Council Chair for all the assistance and hospitality during our visit. For your convenience we have enclosed two copies of this report. Please provide a copy to your Governing Board Chair and your Advisory Council Chair.

CDA will conduct a comprehensive assessment of your agency again in 2012. In the meantime, please do not hesitate to contact us should you or your staff have questions regarding the administration of programs funded through the Older Americans Act or Older Californians Act.

Sincerely,

Geri Baucom, Acting Policy Manager
Monitoring Protocol Team

Enclosures

cc: Ron Roberts, Chair, Governing Board

Bob Prath, Chair, Advisory Council

Lynn Daucher, Director
California Department of Aging

Edward P. Long, Acting Deputy Director
Long-Term Care and Aging Services Division

Elliott Hochberg, Policy Manager, AAA-Based Team A

**County of San Diego
Aging & Independence Services (AIS)
PSA 23**

**REPORT OF THE
COMPREHENSIVE ASSESSMENT VISIT**

**Conducted by the
California Department of Aging
March 17-20, 2008**

CONTENTS

- ▶ **Recap/Overview of Monitoring Visit**
- ▶ **Best Practices or Models of Service Delivery**
- ▶ **Technical Assistance**
- ▶ **Findings Requiring Corrective Action**

The onsite assessment of the County of San Diego, Aging & Independence Services (AIS) Agency was conducted by staff of the California Department of Aging (CDA) from March 17-20, 2008. Staff present were Geri Baucom, Acting Policy Manager and Coach, Fiscal and Contracts; and Program Specialists, Sandi Hartsock and Tasha Wilson (Administrative); Maria Olmos (Fiscal); Sharon Kleefeld, (Data Collection & Reporting); Denny Wight (Title III B Supportive Services); Scott Crackel (Title III B Information & Assistance and Disaster Preparedness); Kathleen Hendrickson (Title III B Case Management and Adult Day Care, Alzheimer's Day Care Resource Center, and Linkages); Andrea Bricker and Margaret Stahler (Elderly Nutrition Program, Title III D Disease Prevention and Health Promotion, and Brown Bag); Joel Weeden (Title III E Family Caregiver Support Program); Mary Pynn and Carol Gordon (Title V Senior Community Service Employment Program); and Steve Miars (Health Insurance Counseling and Advocacy Program). CDA staff monitored administrative, fiscal, and specific program standards required by the Older Americans Act (OAA) and Older Californians Act (OCA).

This report includes:

- Recap of the standards monitored during the visit.
- Recognition of best practices or models of service delivery discovered during the monitoring visit that will be shared with the aging network by posting a notice on CDA's website.
- Documentation of the technical assistance on specific program standards provided to the County of San Diego AIS Agency during the monitoring visit.
- Findings and Corrective Actions.

Throughout the report, we use either AIS or AAA to refer to County of San Diego, Aging & Independence Services Agency. In every instance, the two terms are synonymous.

RECAP/OVERVIEW OF MONITORING VISIT

This section provides a recap of the standards monitored during the visit and the recognition of AIS staff that assisted CDA to accomplish its work.

AAA Administrative Review

Governing Board

AIS is a single county agency that serves San Diego County. There are 18 incorporated cities within the County. The County of San Diego is the seventh largest county in the nation and is ranked third in population within the state, behind Los Angeles and Orange Counties.

Geri Baucom and Sandi Hartsock met with Patricia King, CAO Staff Officer, to determine if the Governing Board, as the policy-making body of the AAA, recognizes and fulfills its roles and responsibilities as required by all regulations, laws, and contracts. Since 1998, the Board of Supervisors has hosted four Aging Summits in San Diego County. These Summits are held every two years and participation continues to increase with each session. During each Summit committees are formed and three to four key issues are identified as the main focus. After the Summits, work begins on the issues raised during the conference. Recommendations from the committees are then submitted to the Board of Supervisors for approval.

The Board of Supervisors' meetings are open to the public and details of the Board meetings are available on-line for everyone's information. Area Plans, budgets, and policies are brought in front of the Board for approval. The Board of Supervisors and the Advisory Council meet every year and review the Area Plan. The Governing Board, Advisory Council, and AIS have a good working relationship, and the Board is confident that AIS is the right advocate for seniors in San Diego County.

Advisory Council

Geri Baucom and Sandi Hartsock met with Bob Prath, Advisory Council Chair, and Jonann Siders, Chairman of the Membership Committee, to determine if the Advisory Council is provided the opportunity to (1) advise the AAA on all matters related to the development and administration of the Area Plan and all operations conducted under the plan, and (2) further the AAA's mission of developing a community-based system of care for older persons living within the PSA. In addition to reviewing the Area Plan, the Advisory Council presents a letter to the Board of Supervisors with attachments detailing the activities the Council has accomplished in the past year. Five members of the Advisory Council must sign the letter before it can be presented to the Board. The Advisory Council participates in the Aging Summits and public hearings. The Advisory Council members are well respected in the community, by the AAA, and by the Board of Supervisors.

Staffing and Organization

Tasha Wilson met with Tom Duke, Administrative Services Manager, and Linda Holt to determine if the AAA has an adequate number of trained staff to administer programs to older individuals living within the PSA. Ms. Wilson reviewed the most recent organizational chart and verified the positions identified on the budgets submitted to CDA matched the AAA's organizational structure. Training is encouraged for every staff member. In addition to County mandated training, staff have the opportunity to take career development classes and attend work related conferences such as C4A. Training is accessible to personnel and training requests are rarely denied. Duty statements, desk manuals, and the Personnel Procedures Manual were reviewed and it was determined that personnel practices and procedures have been established and are well maintained.

Procurement/Contract Process

Sandi Hartsock met with Donna Brase, Aging Program Administrator, to determine if the AAA has established systematic procedures for the award and administration of contracts in the Area Plan and to ensure the AAA awarded contracts through an open and competitive process. All documentation for this standard was reviewed. The latest RFP was issued in February 2008 for the Home Modification Program. The AAA's RFP contained most of the required elements. There were no grievances or appeals filed as a result of the RFP process.

Area Plan Achievement

Tasha Wilson met with Anna Hennessy and Floyd Willis, Aging Program Specialists, to determine if the AAA has a process for monitoring and tracking the progress of goals and objectives in the current approved Area Plan. Ms. Hennessy indicated the Area Plan is not developed in a vacuum. Program Managers, AAA staff, and Fiscal staff review the Area Plan in draft format and make comments and suggestions. Goals and objectives contain action steps and timelines. Monthly Area Plan status statements are provided during staff meetings and a mid-year status request is sent to all program managers for a formal update on the progress of goals and objectives.

Targeting

Tasha Wilson met with Anna Hennessey and Floyd Willis, Aging Program Specialists, to ensure the AAA conducts a needs assessment once every four years and targets services to older individuals with the greatest economic or social needs with particular attention to low-income, minority individuals who live within the PSA. A needs assessment was conducted in September 2003. Surveys were distributed in both English and Spanish, and a translator was present at public hearings where community needs were discussed. In addition to the typical needs assessment, AIS uses the Aging Summits to bring together a wide spectrum of stakeholders to discuss strengthening services, assessing needs, and developing potential strategies to address unmet needs. AIS actively participates in Health Fairs and Senior Information events in all areas of the PSA and coordinates with community partners such as the Regional Center for Developmental Disabilities, San Diego Center for the Blind, Community Action

Networks, and Meals-on-Wheels to ensure targeted populations are aware of available services.

Community-Based System of Services.

Tasha Wilson met with Anna Hennessy and Floyd Willis, Aging Program Specialists, to ensure the AAA proactively provides leadership in the development of a comprehensive and coordinated community-based system of services within the PSA. AIS operates under an integrated system with Pamela Smith, AAA Director, having authority over the AAA as well as Veterans Services, IHSS, MSSP, and APS. This integration ensures service coordination and provides the opportunity for the AAA to better serve seniors living within the PSA. The AAA has long standing collaborative relationships with over 200 agencies and community partners. AIS' coordination efforts include partnering with Red Cross, Office of Emergency Services, San Diego Gas and Electric, and the City of San Diego to provide "cool zones" sites for seniors during heat emergencies; working with the Consolidated Transportation Service Agency to develop a coordinated system for improvement in transportation access for seniors and persons with disabilities; and collaborating with the four Community Action Networks that represent the four regions of the county. In addition, AIS holds a regional Elder Abuse Council meeting with APS, law enforcement, and community partners to educate and promote identification and prosecution of elder abuse.

Management of Service Providers

Sandi Hartsock met with Donna Brase, Aging Program Administrator, to determine if the AAA effectively communicates with, disseminates policies to, and monitors its service providers. The AAA uses email and regular meetings to communicate with service providers. AIS staff maintains a spreadsheet of service provider activity level. If the performance level fluctuates above or below 5% of the contracted level, the AAA begins discussions with the service provider and implements a plan so that the service provider's performance level stays on track. Service providers are monitored on an annual basis.

Data Reporting

Sharon Kleefeld met with Donna Brase, Aging Program Administrator, Bonita Maglidt and Adria Cavanaugh, Contract Administrators, Sharon Cordice, Program Manager, and Michael Strawn, Contract Specialist, to ensure data collection and reporting processes are in place at all levels to ensure timely submission of complete, accurate, and verifiable data. The AAA has the beginning of a data reporting procedure manual, and is currently working on compiling all procedures into one location.

The AAA uses the "Q" Care Management System to submit reports to CDA. Training of new AAA staff and service provider staff include the use of "Q" Care Access; and is provided at least once every fiscal year, as well as on a one-to-one basis as new staff are hired. Nutritional management meetings are held monthly for discussion of any updates or issues, including those on data reporting.

All required reports have been submitted to CDA. However, some electronic and paper reports were not submitted on time and contained errors.

AAA Fiscal Review

Maria Olmos met with Dianson Wong, Senior Accountant, Owen Ligayon, Staff Accountant, Ed Lomibao, Staff Accountant, Tom Duke, Administrative Services Manager II, and Michael Strawn, Contract Specialist, to discuss the financial reporting system of AIS. Each standard of the AAA Fiscal Review tool was covered. Several reported January expenditures were traced back to originating invoices and supporting documents; and service provider contract language was reviewed for fiscal requirements. San Diego County's Auditor Controller's office processes all checks for AIS after fiscal and program staff review and approve invoices. AIS staff use the county's online financial management Oracle database system and Excel spreadsheets to track expenditures (monthly and year-to-date), funding sources, and to complete monthly reporting to CDA.

Specific Program Reports—Older Americans Act Programs

Title III B—Supportive Services (General)

Denny Wight met with Michael Strawn, Contract Specialist, and Sharon Cordice, Program Manager, to review the Title III B Monitoring Tool that was completed prior to the onsite assessment. The major areas discussed included the development of community-based services, program operations, and administrative programmatic procedures. The AAA maintains proper documentation for its Title III B operations.

Mr. Wight visited All Care In-Home Supportive Services with whom the AAA contracts for Personal Care, Homemaker, and Chore. Mr. Wight met with Becky Denny, Payroll/Billing Manager, to discuss the operation of the programs and review samples of files containing back-up documentation for units of service reported to the AAA.

Title III B—Information and Assistance (I&A)

Scott Crackel and Denny Wight conducted an assessment of the I&A program by reviewing the monitoring tool and related documents with Sharon Cordice Program Manager, Jeff Clellan, and Lourdes Ramirez, Aging Program Specialist. AIS provides direct I&A services in San Diego County. Mr. Crackel and Mr. Wight reviewed the computerized I&A log-in and follow-up management systems.

Mr. Crackel also met with Ms. Cordice and Brenda Schmitthenner, Administrative Associate III, to discuss the Emergency and Disaster Preparedness Program. Mr. Crackel reviewed the I&A/Emergency and Disaster Preparedness training plans and the San Diego Eldercare Directory.

Title III B—Case Management

Kathleen Hendrickson, CDA Program Analyst, met with Sharon Cordice, Aging Programs Specialist IV, to discuss the CM program. AIS provides direct Title III B Case Management (CM) services in San Diego County.

The CM program was revamped to emphasize delivery of services to clients and to place the emphasis on case management services per the requirements of the Linkages Manual. Three care managers and a public health nurse have a combined caseload of Title III B Case Management/Linkages clients.

Previously, the CM program was called the Management and Assessment of Social and Health Needs program. Ms. Cordice allowed the care managers to develop the procedures for the program and to re-name the program SOAR, Senior Options, Advocacy and Referrals. The care managers take pride in their new program. This new process shortens the length of time that services are provided and allows more clients to be served.

Title III C—Elderly Nutrition Program (ENP)

Andrea Bricker, R.D., and Margaret Stahler, R.D., met with Wendy Shigenaga, AAA R.D., and Donna Brase, Aging Program Administrator, to conduct an assessment of the ENP. Ms. Bricker and Ms. Stahler reviewed the program donation requests, current approved menus, congregate and home-delivered meal policies and procedures, AAA assessment tool for the annual and quarterly site assessments, corrective action plans, nutrition education, in-service training schedules and evaluations, ENP participant survey results, and ENP contracts. The assessment also included a review of home-delivered meal client files, quarterly client assessments, eligibility and intake forms, and the ENP monitoring tool.

Two onsite assessments of nutrition providers were performed by Ms. Bricker and Ms. Stahler. An onsite inspection of The City of Vista ENP, included a review of the central kitchen and the San Marcos Senior Center satellite site. The City of Vista was reviewed with the help of Mary Dreibelbis, City of Vista Community Services Manager, and Ms. Shigenaga. The San Marcos Senior Center was reviewed with the help of Deborah Balderrama, Nutrition Manager.

The Neighborhood House Association Senior Nutrition Program and central kitchen were reviewed with the help of Jeanette Van, Senior Nutrition Center Supervisor, and Ms. Shigenaga.

Title III D—Disease Prevention and Health Promotion

Margaret Stahler, R.D., and Andrea Bricker, R.D., met with Kristen Smith, Health Promotions Coordinator to review the Title III D program. The monitoring tool and service provider/site listing for the Feeling Fit classes were reviewed.

The Title III D Fall Prevention Program includes an eight session course for seniors to improve their balance called “A Matter of Balance”, a DVD titled “Don’t Fall for It”, and three, 30-second Public Service Announcements. The “Feeling Fit Club” exercise class for seniors is conducted at 22 locations throughout San Diego County and is also shown on five TV channels throughout the day so participants can exercise at home.

Title III E—Family Caregiver Support Program (FCSP)

Joel Weeden worked closely with Martin Dare, FCSP Coordinator, in conducting the CDA review and assessment of direct and contracted FCSP services. Development and implementation of this newest program of the OAA has been significantly enhanced by AIS staff's collaborative approach. Therefore, the FCSP systems review also included assistance from: Donna Brase and Marilyn Driscoll, (contracts), Judith Joffe, (intergenerational community programming), Sharon Cordice, (AAA direct provision of caregiver respite), Marie Brown-Mercadel, (AAA direct provision of caregiver community education), and Anna Hennessey (AAA planning).

The AAA has evolved a multifaceted and coordinated FCSP system in collaboration with an extensive array of providers, several of which serve as FCSP service providers. This county-wide strategic alliance of public, private, and nonprofit entities collaborates within the framework of a coalition facilitated by Mr. Dare. He arranged the following service provider visits, which provided Mr. Weeden an opportunity to observe the AAA's oversight and guidance responsibilities:

- Southern Caregiver Resource Center (SCRC) "Family Caregiver Support Services" – Kurt Buske, Director of Programs and Services.
- YMCA of San Diego "Kinship Support with Respite Vouchers" – Danielle Davis, KSSP Program Coordinator.
- Jewish Family Service "Fix-it Service" – Melissa Dennison, JFS Fix-it Coordinator.
- San Diego Caregivers Coalition "Finding Balance in the Art of Caregiving" Conference – observation of the event and discussions with Veronika Glenn, SCRC Director of Education; Lois Kelly, attorney for Elder Law and Advocacy; and Maxine Fischer, Associate State Director, AARP California.

AIS is to be commended for its effective and careful stewardship in evolving FCSP. This leadership, technical support, and oversight has insured the limited FCSP federal funding is a catalyst in strengthening the community's capacity to ease the stress and burdens of unpaid family care responsibilities, thereby keeping older individuals out of institutional care.

Title V—Senior Community Services Employment Program (SCSEP)

Mary Pynn and Carol Gordon met with Michael Strawn, Contracts Specialist and Cynthia Hammock-Ellis, Program Manager of Employment and Community Options to discuss the project's compliance with SCSEP program standards, and conduct a review of the project's documentation and the Web-Based Data Collection System (WDGS). Ms. Pynn and Ms. Gordon visited the South Metro Career Center and interviewed [REDACTED], a SCSEP participant. [REDACTED] enrolled in the SCSEP approximately 6 months ago and her current Community Service Assignment involves event coordination which links her previous employment and current skills to her ultimate

employment goal of an Event Planner. [REDACTED] expressed that her enrollment in the program has been life changing and uplifting and gives her hope for the future.

Employment and Community Options is to be commended for their outstanding coordination and collaboration efforts within San Diego's workforce development system.

Specific Program Reports—Older Californians Act Programs

Brown Bag

Margaret Stahler, R.D., Andrea Bricker, R.D., and Sharon Kleefeld met with Michael Strawn, Contract Specialist, to review the Brown Bag Program monitoring tool. Ms. Stahler and Ms. Bricker also reviewed the San Diego Food Bank/Neighborhood House Association contract, the report on the last monitoring site visit, the County of San Diego's Agreement with The Angel's Depot, and the Monthly Activity Summary for October-December, 2007.

The Angel's Depot is a community-based organization that supplements program funding through fundraising. Each brown bag has approximately 20 items including packaged protein foods, cereals, fruit, vegetables, rice/potatoes, dried milk, and other items.

Health Insurance Counseling and Advocacy Program (HICAP)

Steve Miars met with Marilyn Driscoll, Aging Program Specialist, to review the recent HICAP monitoring report prepared by AIS. In addition, Mr. Miars and Ms. Driscoll visited the offices of Elder Law and Advocacy with whom AIS contracts for HICAP services. Mr. Miars met with Carolyn Reilly, Executive Director, and David Weil, HICAP Program Manager. Program operations, reporting, and the contract oversight relationship with AIS were discussed.

Alzheimer's Day Care Resource Center (ADCRC)

AIS contracts with George G. Glenner Alzheimer's Family Centers to provide ADCRC services in Encinitas, Chula Vista, and San Diego; and with Redwood Elderlink to provide ADCRC services in Escondido. Kathleen Hendrickson reviewed the contract and the monitoring of the ADCRC program. AIS uses a Monitoring Assessment Checklist Tool to monitor the ADCRC program.

Ms. Hendrickson and Kristina Maxwell, Contract Administrator, visited the George G. Glenner Alzheimer's Family Centers site and were given a tour by Kelly Focht, Chief Executive Officer, and Marge Galante, R.N., B.S.N., Center Manager. This site is licensed as an Adult Day Program and is located in the Hillcrest section of San Diego in a 100+ year old home. The center has a comfortable outside area including a large overhang with many plants and two activity areas (the living room and dining room of the house). Staff were friendly and helpful during the visit.

The corporate office of George G. Glenner Alzheimer's Family Centers is located across the street from the Hillcrest site. Ms. Focht provided a tour of the office which includes a lending library for family members of persons attending the Glenner programs.

Linkages

Kathleen Hendrickson met with Sharon Cordice, Program Manager, to discuss AIS' direct Linkages program. Ms. Hendrickson reviewed the Linkages Self-Assessment tool and two client charts as part of the program monitoring. Linkages, in combination with the Title III B Case Management program, serves approximately 160 clients per month. Three care managers and a public health nurse have a combined caseload and serve both Linkages and Title III B Case Management clients.

The program is well organized and services are provided to clients in a timely manner. Documentation in the client charts indicated the program provides comprehensive services to clients and the care managers are dedicated to assisting their clients to remain in their homes.

BEST PRACTICES OR MODELS OF SERVICE DELIVERY

Best practices or models of service delivery discovered during the monitoring of Area Agencies on Aging (AAAs) are being identified by the California Department of Aging (CDA) to share with the aging network and other agencies or individuals interested in developing senior services in their community.

Listed below are either Best Practices or Models of Service Delivery identified during the monitoring visit conducted by CDA and discussed at the exit conference. We will place on the CDA's website, a list of best practices or models of service delivery along with the AAA staff you select to provide guidance to individuals seeking information on specific activities, programs, and services.

Community-Based System of Services

Bi-Annual Aging Summit

In 1998, Aging and Independent Services (AIS) held its first Aging Summit to bring together a wide spectrum of stakeholders to discuss strengthening services, assessing needs, and developing potential strategies to answer unmet needs to enhance the lives of seniors and the disabled. The Aging Summit is now a bi-annual event that continues to provide the opportunity for the San Diego community to talk about issues that are important to older adults. Findings from the Summit are published in a report entitled, Conclusions and Recommendations, and workshops and follow-up committees are created to ensure identified issues are addressed.

Intergenerational Programs

Research has shown that older adults prefer working with children and youth more than any other volunteer activity. Older adults benefit through an increased sense of meaning and purpose in their lives, and young people who participate in intergenerational programs show measurable improvements in school attendance and attitudes toward school. AIS has partnered with multiple community-based programs and provided funding to create groundbreaking programs that have served hundreds of youth and older adults through intergenerational activities. In order to support and share information on these intergenerational programs, a directory has been compiled that includes a summary of each program, goals, objectives, outcomes, funding sources, and contact information.

Collaboration with Community Action Networks (CAN)

AIS collaborates with CANs of the East, South, North, and Central regions of the county dedicated to improving the quality of life for San Diego's seniors and adults with disabilities. Members of the CANs include private citizens, policy makers, service providers, public employees, and local business people. These groups advocate; plan and organize community events; and provide innovative and effective solutions to address issues of seniors and adults with disabilities in the East, South, North, and Central regions of the County.

Collaboration for Cool Zones

AIS collaborates with Red Cross, Office of Emergency Services, San Diego Gas and Electric, and the City of San Diego to offer over 140 locations, or “Cool Zones,” throughout the County where seniors can go to keep cool during heat emergencies. The AAA also secured funding from San Diego Gas and Electric to distribute fans and provide bus passes for people coming from rural areas to the cool zones. The AAA won a National “2007 Health Care and Aging Award” recognizing innovations and quality services for this program.

Management of Service Providers

AAA Coordination of CDA Monitoring Visits Fosters Local-State Collaboration

CDA’s monitoring visit of an AAA involves meeting with one or more service providers that the AAA contracts with to provide support services. These provider visits provide CDA staff an opportunity to observe the local service delivery system and assess whether the AAA is providing appropriate oversight and direction to ensure compliance and consistency with program expectations. While the AAA’s role is the focus of these meetings, service providers are given an opportunity to seek technical assistance from CDA staff about laws and regulations, CDA policies, and future service directions. They are also asked to identify best practices. As part of its pre-monitoring visit preparations, AIS encouraged the selected service providers to take advantage of this opportunity to seek guidance from CDA staff. Family Caregiver Support Program (FCSP) contractors came prepared with lists of questions, which fostered dynamic collaborative discussions on CDA policy, strategic planning, and suggestions for enhancing program activities.

Title III B—Case Management (CM)

Allowing Staff to Assist in Revamping Case Management Program

The CM program has been restructured to emphasize delivery of services. Sharon Cordice, Program Manager, and her staff recognized the need to change the program to remove the Linkages procedural requirements that are not required for the CM program and emphasize the needs of the clients for efficient service delivery. Ms. Cordice allowed her staff to develop and name the program, which empowered the staff to take pride and ownership in their accomplishment. This practice highlights excellent management skills.

Title III B—Information and Assistance (I&A)

Informational Brochures

AIS has over 35 informational brochures, detailing the vast services available throughout the Planning and Service Area (PSA). Many of the brochures are available in Spanish and are a good resource for individuals seeking information on specific activities, programs, and services.

“Disaster Wheels” Distributed for Disaster Response

AIS created and distributed over 40,000 “Disaster Wheels,” throughout the PSA. The Disaster Wheel can be rotated to different scenarios to suggest preparations or how to respond to an emergency or disaster. This is an inventive and organized way of informing seniors on how to prepare for, and respond to, a disaster.

Evacuation Checklist Magnet

AIS distributes an Evacuation Checklist Magnet that identifies items you should take along with you in an evacuation i.e., documents (Social Security Card, medical records, insurance information, etc.), clothing (a change for each family member), hygiene items (toothbrush, shampoo, kleenex, etc.), baby items (diapers, formula, food, etc.), special needs (wheelchair, medication, canes, etc.), and pet care items (immunizations, carrier, leash, etc.). The magnet also lists the San Diego Office of Emergency Services website and suggests residents be prepared by having an Emergency Supply Kit to take along with the identified items. This is a simple, quick, and easily accessible evacuation checklist.

Separate South County Facilities

AIS maintains a separate facility in the South County area to ensure continuity of operations in the event of an emergency or disaster that leaves the main office inoperable. This will help assure that services will continue in the event of an emergency or disaster.

Continuity-of-Operations Plan Brochure

AIS staff receive Continuity of Operations instructions in a small brochure format, to assist them when they are away from the main facilities. The brochure details essential functions AIS is required to perform by statute, executive order, or county policy and also explains the roles and responsibilities of the staff in the event of an emergency or disaster. A relocation plan and confidentiality requirements are also outlined in the brochure. AIS' Continuity of Operations Plan provides the framework to ensure that AIS' essential functions continue during and after a broad spectrum of emergencies.

Title III C—Elderly Nutrition Program (ENP)

Recruitment of the Younger Senior

The City of Vista has two programs that focus on the recruitment of the younger senior. The "Food for Thought" program is a collaborative effort with the San Diego County Library, the City of Vista, and the AIS to provide physical activity through a gentle yoga class, socialization through a catered congregate meal lunch, and encourages use of resources within the library.

The City of Vista, AIS, and The OASIS Institute, a non-profit organization, provide classes on a variety of educational topics to enrich the lives of older adults. Participants are offered a catered congregate meal lunch.

Recruitment of the Minority Senior

The Gloria E. McClellan Senior Center has increased Hispanic attendance by starting a "Hispanic Club." The senior center provides a welcoming atmosphere to Hispanic Seniors by inviting the community to come, sit, and enjoy lunch within the club. Their participation has resulted in a three-fold increase since the Club was started.

Title III D—Disease Prevention and Health Promotion Program

Partner Stakeholder Coalition Building to Extend Services

Exceptional coalition building with partners within federal and State government agencies, community colleges, foundations, and others helps AIS develop and extend Health Promotion Programs to seniors. Examples include: Administration on Aging (AoA) provides funding to support the Falls Prevention program and Hispanic Health Initiative; San Diego County Public Health provides funding to the call center to promote local flu shots for seniors; AARP and Interfaith Community Services help fund the Vital Aging Conference; San Diego Community College provides staff to teach Feeling Fit exercise classes; and Silver Yoga provides yoga classes for the Falls Prevention program.

Grant Writing

AIS has exhibited proactive grant writing in order to secure funding to expand the scope of Health Promotion programs for seniors. Examples of grants where agencies provided funding include the following: Archstone Foundation for Falls Prevention; AoA for Falls Prevention and Hispanic Co-occurrence of Diabetes Mellitus and Depression; Partners in Care for Healthier Living-Chronic Disease Self Management.

Conferences Designed to Promote Health and Active Participation

The bi-annual Vital Aging Conference provides pertinent information to seniors on life and health issues. To draw a larger attendance, this conference invites celebrity presenters who are also successful examples of active aging. For example, in June of 2007, the actor Edward James Olmos, whose family health history includes Type I Diabetes, was invited. The programs are simulcast to North County participants who find transportation issues challenging. The flyer to publicize the event was produced in Spanish and the presentations are translated simultaneously into Spanish to recruit Hispanic participation. The Health Promotion Program uses information that is identified as issues by participants attending these programs.

Health Promotion Speakers Bureau

A Health Promotion Speakers Bureau provides the community access to a group of speakers that are trained, experienced, and share AIS' commitment to enhance the lives of older adults and persons with disabilities. The speakers cover topics on health, wellness, aging issues, and safety.

Title III E—Family Caregiver and Support Program (FCSP)

AAA-Facilitated Coalition Determines and Meets Caregiver Needs

As part of the Area Plan process, AAAs are required by the Older Americans Act (OAA) to establish effective and efficient procedures for consulting and collaborating with other agencies and organizations to ensure comprehensive and coordinated systems, including multifaceted family caregiver support services. AIS recognizes that no one organization or service within a community can meet the varying complex emotional, health, supportive, and spiritual needs of unpaid caregivers. The AAA relies on both the professional and personal expertise of a strategic alliance of public, private, and nonprofit members to exchange information, identify local community caregiver needs,

address system changes, share resources, and enhance the capacities of each other. As an example, the Coalition collaborates to conduct periodic educational forums targeted to meet the needs of diverse communities within the PSA. This Coalition is now the recognized source for information and the united voice on behalf of these unpaid family caregivers, which has contributed significantly to the credibility of unpaid caregiving as an issue.

“Walk to Talk” Caregiver Support Groups

Resistance to support group participation is notoriously high in comparison to individual counseling approaches. This is particularly true for family members and friends who do not readily self-identify as caregivers with significant care responsibilities and burdens. The Southern Caregiver Resource Center offers an array of regular support groups for caregivers to share experiences and ideas to ease the stress of caregiving. However, to reach out to those that may be resistant, the Southern Caregiver Resource Center also hosts twice monthly “walk and talk” exercise groups at various locations throughout the service area that are led by trained and experienced group facilitators. The walkers enjoy the break, the camaraderie, and the indirect approach for learning effective skills from peers and professionals that are necessary to master the challenges of caregiving and maintain a sense of well-being.

Caregiver to Caregiver Volunteer Peer Counseling

Caregiver Resource Centers, (CRCs) that subcontract with AAAs to provide FCSP services deliver all of their services in compliance with standards and protocols of the CRC system is funded by the California Department of Mental Health. CRC family consultants are required to have a Master’s Degree in Social Work or a related field, be licensed or working towards licensure, and be registered with the Board of Behavioral Science Examiners. These higher CRC standards mean higher costs. Therefore, to expand the provision of available services in accordance with OAA expectations, the Southern Caregiver Resource Center augments its FCSP-funded Support Services by making use of trained volunteers. Former caregivers offer confidential support and companionship to current caregivers. These experienced volunteers are matched and become a regular “buddy” with an otherwise isolated caregiver with around-the-clock care responsibilities. The professional staff is able to focus on greater caregiver concerns, while providing appropriate supervision and backup support to the peer counselors when needed.

Caregiving Education through Corporate “Brown Bag” Lunch Meetings

Each family caregiving role is a unique, diverse, and complex journey. Reaching out to these individuals requires various ways of communicating in order to encounter them at the different points along the caregiving path when they may recognize the need for caregiver information. Half of California’s unpaid family caregivers are employed outside the home, at the peak of their earning potential, and struggling to adjust work hours in order to accommodate care responsibilities. The Southern Caregiver Resource Center has utilized FCSP funding to staff monthly noon-hour “brown-bag” events designed to educate groups of current or potential caregivers (and those who may provide them with assistance) about the caregiving role and available support services

and resources. A corporation or agency with a large workforce hosts and promotes these public information events.

Title V—Senior Community Services Employment Program (SCSEP)

Pre-Screening Interview

When applicants initially contact Employment and Community Options/SCSEP (ECO) they are advised of the program's enrollment criteria and expectations. The pre-screening interview covers detailed program activities such as community service assignments, job search activities, performance expectations, and the requirement to secure and retain unsubsidized employment. Applicants equipped with this information can make an informed decision as to whether they can commit to the intensive program requirements and the goal of unsubsidized employment. Should the applicant decide that SCSEP is not the best choice for them, the ECO provides a referral to other employment services available through the One-Stop Career Center.

Participants as Trainers

Once ECO/SCSEP participants achieve "job ready" status they are placed at the One-Stop Career Center as Job Search Aides (JSA). A JSA assists the general public as well as other ECO/SCSEP participants in their job search efforts. As a result of this practice, participants often have the advantage of being informed of employment opportunities before the general public, and in many instances have secured a job early-on in the process.

Participant Facilitation of Quarterly Meetings

ECO/SCSEP Administrative Aides are trained to facilitate the quarterly meetings which include presenting program updates and a review of the Individual Employment Plans including activity timelines and outcomes. Each participant is led through a process to identify the next action steps for each participant to accomplish during the subsequent quarter. This process provides the participant with short-term, attainable goals, and also helps them to recognize their successes resulting in increased self-esteem for the participant.

Introductory Visit of SCSEP Participant to Host Agency

On the first day of the Community Service Assignment, the ECO/SCSEP Project Coordinator accompanies the participant to the host agency training site. During the introductory visit, the coordinator reviews the host agency's roles and responsibilities and the requirements of the participant to the host agency. This introductory visit promotes a collaborative working relationship between the ECO/SCSEP project and host agency and also ensures that the participant receives an orientation to the training site.

SCSEP Utilization of OAA Programs

The ECO/SCSEP Project builds partnerships with local community service agencies funded by the OAA. One example of this was when the ECO/SCSEP changed the hours of its computer class so participants could attend an under-enrolled senior lunch

program. A second example includes referrals of participants, at-risk for falls; to the falls prevention class presented by AIS.

Tapping the Community for Recruitment of Participants

The ECO/SCSEP has developed an excellent partnership with their host agency sites and as a result are often approached to present and promote SCSEP services in their local communities. The host agencies often sponsor a “Speakers Series on Exploring Employment Opportunities with SCSEP” and other community events. This collaborative approach to recruitment educates the community on the value of older workers and promotes ECO/SCSEP services.

Attitude Adjustment Training

The ECO’s partnership with Second Chance’s STRIVE (Support Training Results in Valuable Employees) helps participants secure and maintain employment and self-sufficiency by building job skills and personal accountability with pre-employment attitudinal and job readiness training. Participants who do not achieve unsubsidized employment within 24 months are placed on an accelerated track for job placement and intensive counseling and often times are referred to STRIVE. This partnership provides SCSEP participants with a month long training that builds self confidence and confronts the myths and attitudes that interfere with achieving employment.

Hiring Bonanza

The ECO in partnership with Jobing.com, AIS, AT&T, and the Metro Region Career Centers are hosting the 2nd Annual Seasoned-Professional Hiring Bonanza. This “reverse” job fair invites employers to browse a selection of SCSEP participants. Participants are stationed at booths with their resumes and references for review. Employers are welcome to browse each table and typically meet 34 to 45 job ready candidates within two hours. This event provides employers with an effective tool to select qualified individuals to match their employment needs.

Quarterly Newsletter

Each quarter, the ECO/SCSEP publishes a quarterly newsletter that features “Talent Available for Hire.” This unique marketing tool provides a general description of the participant’s employment background and qualifications and is mailed to a list of prospective employers, host agencies, and participants.

Integration and Coordination with Workforce Investment Act WIA partners

The ECO/SCSEP is co-located in the Metro Region Career Center which promotes cooperation and coordination of services between the Workforce Investment Act’s mandated partners. This partnership has provided resources for SCSEP participants that would have otherwise gone unmet. For instance, the ECO/SCSEP worked with the Department of Rehabilitation to provide reasonable accommodation which was needed for a participant to complete their training.

SCSEP Case Management Forms

All required SCSEP Case Management forms (Participant, Community Service Assignment, Exit, and Unsubsidized Placement) are pre-placed in every participant personnel file. Every quarter, the participants and case managers get together to update their IEPs and SCSEP Case Management forms, as needed. Having the forms readily available in the participant's personnel file streamlines the update and data collection process for the SCSEP Performance and Results Quarterly Progress Report (SPARQ) system.

TECHNICAL ASSISTANCE

One purpose of the monitoring visit is for CDA staff to provide technical assistance to AAA staff on specific program standards that did not rise to the level of a finding that would require formal corrective action. Detailed below is specific technical assistance provided during the monitoring visit.

Advisory Council

CDA staff reviewed the Advisory Council bylaws and discovered that Article IX, Public Hearings, Section 1, states in part that prior to the Area Plan every five years, public hearings shall be held to allow residents the opportunity for comments and recommendations. The Area Plan is a four year document. CDA staff requested the reference of five years be changed to four years when the bylaws are amended.

Data Reporting

The AAA currently has the beginning of a data procedure manual; however the documents are not combined into a procedures manual. Many written procedures, forms, and instructions are used by AIS staff to complete data reporting. Examples include The *California User Guide for "Q"*, Tip Sheets such as "Creating a 'Blank Cells Report' in Q;" CDA's reporting forms and instructions, contract provisions for each type of service provider delineating required data collection and reporting to the AAA; and a plethora of client intake/assessment forms and data monitoring/validation forms for onsite verification of data entered into "Q" by the service providers. CDA staff recommended all written procedures be combined into one identifiable data procedures manual.

AAA Fiscal Review

To verify January expenditures for the Title V Monthly Expenditure Report/Request for Funds (CDA 29), CDA staff reviewed the contractor invoice from Employment & Community Options for the corresponding reporting period. Although the numbers from the contractor invoice did not correspond directly with the reported expenditures to CDA, after some research, an explanation with documentation was provided that supported the adjustment. CDA staff recommended that when adjustments of this sort are made, a detailed explanation should also be included in the file so other AAA staff and outside officials will also be able to understand and reference adjustments.

Title III B—Information and Assistance (I&A)

AIS was encouraged to periodically conduct small, random customer satisfaction surveys and CDA staff suggested the surveys include the following questions:

- (1) How would you rate the service of Information and Assistance staff?

Very Helpful Helpful Fair Poor

- (2) Were you able to access the program(s) you were referred to?

Yes No N/A

(3) If you needed Information and Assistance services again, how likely would you call the I&A program?

Very Likely Likely Unsure Unlikely Very Unlikely

(4) Do you have any additional comments?

CDA staff explained the benefits of using customer satisfaction survey results to demonstrate accomplishments and gain additional resources. AIS could decide the sample size and if they wanted to conduct the survey over the telephone or by mail.

Title III C—Elderly Nutrition Program (ENP)

Meal Count Policy and Procedure

Many of AIS' nutrition providers have instituted an electronic bar code system to count participant meals. As observed at the San Marcos Senior Center and the Neighborhood House Association Senior Nutrition Program, participants sign-in to verify each meal received. At the end of meal service, each meal is tallied for each participant. At the end of the month, all meals are tallied and then scanned into the system. It is recommended that AIS develop a written meal count procedure to verify meal counts are standardized.

Food Safety and Sanitation: Hand Washing Signage

California Retail Food Code (CRFC) 113953.5 (a) specifies a sign or poster that notifies food employees to wash their hands shall be posted at all hand washing lavatories used by food employees, and shall be clearly visible to food employees. During the monitoring visit at the City of Vista and the San Marcos Senior Center, it was observed there was no hand washing sign or poster posted above the hand washing lavatories within the kitchen facility. Prior to CDA staff leaving the facility, hand washing signs with procedures were posted above all hand washing lavatories used by food employees and volunteers. The AAA needs to assure that the required hand washing signage is posted at all sites.

Food Safety and Sanitation: Food Storage

ServSafe Course Book, Chapter 7: Storing Specific Food specifies to prevent cross-contamination, do not store meat above any other food. During a review of the Neighborhood House Association Senior Nutrition Program kitchen, CDA staff found ground meat defrosting on the top shelf above vegetables. To prevent cross-contamination, it is essential staff and volunteer food service employees are trained on proper storage of potentially hazardous foods.

Menu Substitutions

After review of the March 2008 Neighborhood House Association Senior Nutrition Program menu, CDA staff found the menu substitution on March 17th was not approved by the AAA R.D. In addition, the menu for March 12th was switched with the menu scheduled for March 20th. All menu substitutions must be approved by the AAA R.D. per the AAA meal substitution procedure.

Title III E—Family Caregiver Support Program (FCSP)

Adjust Caregiver Legal Guidance to Fit Non-Supplemental Service Categories

The FCSP Service Matrix developed by CDA in accordance with Section 373(e)(1) of the OAA includes Caregiver Legal Assistance as an eligible Supplemental Service. However, Section 373(c)(1)(B) limits the provision of Supplemental Services only to those caregivers of a “frail” individual. The term frail, as defined in Section 102(a)(22), means unable to perform at least two activities of daily living and/or cognitive impairment requiring substantial supervision. A staff attorney for Elder Law and Advocacy stated this limitation prohibited responding to legal concerns of many caregivers. CDA advised both the AAA and the FCSP service provider to consider expanding the FCSP scope of work to include provision of legal guidance through the less restrictive federal categories of Information Services, Access Assistance, and/or Support Services.

Expand Caregiver Counseling Approaches beyond Psychotherapy

The provision of FCSP-funded Caregiver Counseling by Southern Caregiver Resource Center (SCRC) is in accordance with statewide protocols for California Department of Mental Health funded services. This psycho-educational model consists of six sessions that must be led only by LCSWs and/or MSWs. Section 302(1)(C) of the OAA expects services for FCSP counseling will be delivered in a manner designed to use available resources efficiently, and Section 373(d) of the OAA requires the use of trained volunteers to expand the provision of available FCSP services. Therefore, the AAA was asked to review the revised FCSP Service Matrix for additional cost-effective caregiver counseling approaches and provide FCSP service provider with guidance on how to incorporate the use of volunteer services.

Ensure Reimbursement Approach Protects Serving Those with Greatest Need

When providing FCSP services, priority shall be given to caregivers who are older individuals with greatest social need and greatest economic need, as specified in Section 373(c)(2)(A) of the OAA. YMCA of San Diego pointed out that arranging Respite Care for these targeted individuals is often more challenging. There had been several incidences where Respite Care was rejected by these more needy caregivers after FCSP funds were already expended on required advance payments (e.g., summer camp fees). The County would not reimburse for these expenditures because a service was not delivered. YMCA wanted to require cash deposits from caregivers, which would then be returned once services had been delivered. However, Section 315(b)(3) of the OAA prohibits denial of services to any individual that does not provide their own resources. In order to ensure that FCSP service provider continue to target those with greatest need, the AAA was asked to reevaluate its “reimbursement for services rendered” approach (typically used in service vendor arrangements where the provider does not determine eligibility and assume risk over service delivery) and allow for reimbursement of all costs associated with the contract award.

Title V—Senior Community Services Employment Program (SCSEP)

Employment and Community Options’ grievance procedure for applicants, employees, and participants did not include the AAA as the final authority for resolving complaints.

The AAA should ensure that Employment and Community Options updates the current grievance procedure to include the AAA as the final authority in the complaint resolution process.

The AAA's marketing materials do not contain information on employment services for older workers and how SCSCEP can provide local businesses with trained workers. To increase awareness of the SCSEP within the community the AAA should update all marketing materials to include information on SCSEP and other employment services available for older individuals in San Diego.

Alzheimer's Day Care Resource Center (ADCRC)

A review of the contract between the AAA and the ADCRC program revealed that the contract listed different hours of operation for the ADCRC program in various exhibits. In Exhibit A, (5.1) the hours of required operation are listed as four. The correct hours of operation for the ADCRC program are a minimum of five hours per day. CDA staff suggested the contract language be changed to ensure the hours of required operation are listed correctly.

Health Insurance Counseling and Advocacy Program (HICAP)

In reviewing the last few annual service provider monitoring reports CDA staff noted that the required core elements for HICAP monitoring were not included in the most recent monitoring conducted. In 1999, a joint work group representing the California Association of Area Agencies on Aging, CDA, and the California HICAP Association agreed to and compiled 34 program related items into a HICAP Monitoring Instrument to be used or incorporated into any tool used by the AAA in performing annual HICAP Program monitoring. AAA monitoring processes and procedures should include the required core elements for HICAP.

While reviewing the AAA's Service Unit Plan (SUP) for HICAP Services CDA staff noted some differences in service unit descriptions and definitions. AAA staff should use the appropriate service unit descriptions and definitions in the SUP.

Linkages

In a review of a client chart it was determined the Physicians list had not been updated at the time of reassessment. Because the reassessment happens yearly, a client's physician(s) could change. Care managers work with a client's physician(s) concerning their current health status, medications, and treatments to assist coordination of services. Current physician contact information is essential to providing comprehensive services. Each care manager should update the Physicians list when completing the reassessment.

FINDINGS REQUIRING CORRECTIVE ACTION

Included below are the findings that led to the corrective actions detailed in the Report of Required Corrective Actions presented to AAA staff at the March 20, 2008, Exit Conference conducted by CDA. The Report of Findings and Corrective Actions sent to the AAA on May 19, 2008 is incorporated in this final report.

AAA Administrative Review

Advisory Council

California Code of Regulations (CCR) Section 7302(a)(12)(D) states in part that the composition of the Advisory Council should represent the percentage of the Planning and Service Area's (PSA) older population and race and ethnicity for each of the following categories:

1. White
2. Hispanic
3. Black
4. Asian/Pacific Islander
5. Native American/Alaskan Native
6. Other

Hispanic individuals represent 12.5% of the county population, while only 7% of the Advisory Council members are Hispanic. This leaves the Council with reduced representation on issues that impact Hispanic individuals.

Corrective Action: Recruit Advisory Council members that represent the ethnic composition of the community with particular emphasis on recruiting Hispanic individuals.

Procurement Process

Section I—Request For Proposal (RFP) Process

CCR Section 7354(b)(3) requires the RFP include an estimate of the funding available, including the source amount and duration of the funding. CDA staff reviewed the Minor

Home Modification Program RFP. The RFP included 150 units for Minor Home Modification, 420 units for Security Safety Modification, and 30 units for Assistive Devices. A total funding amount was given rather than specifying funding for each of the service categories.

Corrective Action: Ensure the RFP specifies an estimate of available funding for each identified service category to be funded.

CCR Section 7356(b) states in part that the AAA shall promote the widest possible dissemination of information concerning an RFP to elicit adequate competition. At a minimum, 30 days prior to the deadline for the submission of an RFP, an AAA shall

publish a synopsis of the RFP, the deadline for submission, and the AAA's address and telephone number in a local newspaper of general circulation. Advertisements for AIS' most recent RFP did not meet these requirements.

Corrective Action: Ensure all RFPs are advertised in the local newspaper for a minimum of 30 days.

Section II—Contract Process

CCR Section 7400(a)(2) specifies each AAA shall include a requirement in all contracts and subgrant agreements with service providers that all service providers must establish a written grievance process for reviewing and attempting to resolve complaints of older individuals. AIS' current contract language does not contain this required language.

Corrective Action: Ensure all service provider contracts require a written grievance process for reviewing and attempting to resolve complaints of older individuals and residents of long-term care facilities.

CCR Section 7364(b) states in part that contract awards shall be limited to a one-year period, and at the discretion of the AAA, contracts may be renegotiated up to a maximum of three additional one-year periods providing such incremental periods were specified in the RFP. CDA reviewed the latest RFP and found the contract's initial term was from July 1, 2008, through June 30, 2009. Five one-year options were authorized, extending the period of performance through June 30, 2014, and up to an additional six months if necessary.

Corrective Action: Ensure contract awards are limited to a one-year period with a maximum of three renegotiated one-year awards.

CCR Section 7364(a)(5) states in part that any information pursuant to 42 U.S.C. 3026 must be included in agreements with service providers, such as the identity of each focal point and requirements with respect to the provisions of service to low-income minorities. The AIS' current contract language does not contain this required language.

Corrective Action: Ensure RFP and contract language includes designated focal points for the PSA.

Data Collection & Reporting

CDA's Standard Agreement, Exhibit E, Article II(B)(2) and (3) states in part that the contractor shall assure that all data submitted is timely, complete, accurate, and verifiable. In addition, if a report is late, the contractor shall submit a written explanation to the Data Team by the 15th of the following month, including the reason for the delay and the date the report will be submitted. CDA staff reviewed reports submitted and found that two reports were late in fiscal year (FY) 2005/06 and seven reports were late in FY 2006/07. These reports were submitted to CDA between two to six weeks past due.

Corrective Action: Ensure required data reports are submitted by the due dates specified in CDA's Standard Agreements.

CDA's Standard Agreement, Exhibit E, Article II(C) states in part that the contractor shall have written reporting procedures specific to each program which include: verification of contractor and subcontractor data prior to submission to the Data Team. Although procedures for verification of data by program staff are in place, review of submitted reports indicated that there have been issues in identifying data errors and/or omissions. Examples in FY 2006/07 include: 1) no SPR service units reported for Legal Assistance in quarter 3 and for Information and Assistance in quarter 4, yet thousands of units were reported in all other quarters; 2) no Senior Count reported for the Senior Companion Program in quarters 2-4, yet thousands of volunteer hours were provided; and 3) a high percentage (62%) of missing genders for clients receiving Adult Day Care/Health services.

Corrective Action: Ensure data are verified for accuracy by responsible program staff prior to submission to CDA.

AAA Fiscal Review

Financial Reporting

AIS fiscal staff is reporting Nutrition Services Incentive Program (NSIP) service provider costs on the monthly Detailed Data Expenditure File (SPR 107) as a part of Title III C federal share. This is incorrect as NSIP funds are from the United States Department of Agriculture and not part of Title III programs. As a result, Title III C federal funds have been overstated on a monthly basis. Per 45 Code of Federal Regulations (CFR) Section 92.20(b)(1), AAAs are required to establish and maintain a financial reporting system that reflects accurate disclosure of financial activities of the AAA and its service providers.

Corrective Action: Report NSIP funds received as non-match cash on the Detailed Data Expenditure File (SPR 107).

AIS is not collecting actual Nutrition Education costs from its service providers at any time throughout the fiscal year. As a result, AIS is unable to report costs for Nutrition Education on the monthly SPR 107, and the amount reported to CDA on the Financial Closeout Report is based on budget, not actual expenses. 45 CFR Section 92.20(b)(1) requires accurate, current, and complete disclosure of financial activities from an AAA's service providers.

Corrective Action: Ensure service providers report monthly expenditures for Nutrition Education.

Corrective Action: Ensure service providers report actual expenditures on the closeout for Nutrition Education.

AIS is not monitoring all costs associated with Older Americans Act (OAA) programs in sufficient detail. The majority of AIS' contracts are based on a fixed rate/price reimbursement for a specified number of units. Only the costs for the number of units reported by service providers are thoroughly monitored for accuracy and allowability. 45 CFR Section 92.20(b)(1) requires the AAA to establish and maintain a financial reporting system that reflects accurate, current, and complete disclosure of financial activities of the AAA and its service providers.

Corrective Action: Expand current procedures for fiscal monitoring of service provider expenditures to include all reported funds associated with OAA programs (e.g., Program Income, In-Kind Contributions, and Non-Matching Contributions).

CDA's Standard Agreement, Exhibit A, Article II(A)4 requires staff charging time to Program Development (PD) and/or Coordination (C) to document specific approved Area Plan objective(s) and related activities conducted. AIS staff are documenting time spent on PD and/or C but are currently not associating the time to Area Plan objectives as required.

Corrective Action: Ensure all staff charging time to Program Development or Coordination include a reference on the employee timesheet that identifies specific approved Area Plan objective(s) and related activities.

Budget Control

AIS' main method of contracting is based on a fixed rate/price reimbursement for a specified number of units. The units for reimbursement in nutrition service provider contracts are for meals and transportation. Although Nutrition Education is a required part of Title III C programs per CCR Section 7632.3(b)(4), these contracts do not identify budgeted costs specifically for Nutrition Education. As a result, AIS is unable to compare Nutrition Education costs to budgeted amounts as required by 45 CFR Section 92.20(b)(4).

Corrective Action: Ensure service provider contracts and budgets clearly identify costs for Nutrition Education.

CCR Section 7318(b) requires AAAs to develop an annual budget that separates Cash funds from In-kind contributions. In addition, Section 7318(d) requires that funding be reported by Non-Matching Contributions, State Funds, Matching Contributions, Program Income, and Federal Funds. AIS is not requiring service providers to budget In-kind Contributions or Program Income. CDA staff also discovered several service providers collect voluntary contributions from program participants; however, AIS does not report Program Income in its Area Plan Budget.

Corrective Action: Ensure service provider budgets contain enough detail for AAA staff to complete all budgets submitted to CDA.

Corrective Action: Budget program income for all service providers that collect donations from participants.

Specific Program Reports—Older Americans Act Programs

Title III B—Supportive Services (General)

Five Title III B programs, Homemaker, Chore, Personal Care, Assisted Transportation, and Transportation, are shown as contracted services on the Area Plan Budget. AIS has Vendor Agreements for the provision of these programs and also determines eligibility for participation; therefore, these programs should be included as direct services on the Area Plan Budget.

Corrective Action: Include Vendor Agreements for Personal Care, Homemaker, Chore, Assisted Transportation, and Transportation as direct services in the Area Plan Budget.

The George G. Glenners Guardian Angel program provides Visiting services through the use of trained volunteers. It is not clear if the program reports units of service as hours spent visiting or number of visits. The Division 4000 Unit of Service Measurements in the CDA Title III Management Information Systems document, states that Visiting units of service are to be measured in number of hours.

Corrective Action: Ensure the George G. Glenners Guardian Angel program reports accurate service units.

Title III B—Adult Day Care (ADC)

CDA's Standard Agreement, Exhibit A, Article II(A)(15) requires AAAs to annually conduct onsite program and fiscal monitoring; evaluate and document subcontractor performance. During a review of the monitoring of this program it was found that the program was last monitored using the Monitoring Assessment Checklist Tool developed by AIS to monitor all of its programs. The checklist is a one-page list that does not address the specific requirements for the Title III B Adult Day Care program. The scope of work section of the contract identifies the program requirements which include: individual assessment of each participant, a care plan for each participant, program components of food service, social and support services, and participant advisory services. None of these components were included on the Monitoring Assessment Checklist Tool and therefore they were not monitored.

Corrective Action: Ensure annual onsite monitoring of the ADC includes the scope of work identified in the ADC contract.

Title III B—Information and Assistance (I&A)

AIS is currently conducting follow-up on 50-60% of its referrals. Pursuant to CCR Section 7537, the I&A service provider shall follow-up on each referral to ascertain if the older individuals service needs were met.

Corrective Action: Develop and implement a standardized follow-up procedure to ensure completion of follow-ups and documentation of outcomes for each client referred to a needed service within 30 days of the referral to ascertain if the individual's service needs were met.

CCR Section 7543(a) requires AAAs to publicize the availability of I&A services to older individuals within the PSA. CCR Section 7543(b)(1) and (2) further specifies that I&A providers shall be listed in the telephone directory in the geographical area it serves, in both white and yellow page listings. All local telephone directories were reviewed and I&A services were not listed under "Seniors," "Senior's Information," or "Senior Services and Organizations."

Corrective Action: Ensure the I&A telephone number is listed in all telephone directories throughout the PSA.

Title III C—Elderly Nutrition Program (ENP)

CCR Section 7634.3(c) states the Registered Dietitian (R.D.) shall participate in the Area Plan development related to nutrition services. During review of the ENP monitoring tool, it was noted that the AAA R.D. does not participate in the development of the nutrition sections of the Area Plan, but provides supporting information when requested. A further interview confirmed that the AAA R.D. has minimal involvement with the development and update of the nutrition sections of the Area Plan.

Corrective Action: Ensure the AAA R.D. participates in the Area Plan development and update process on issues that relate to the ENP.
(Repeat finding, May 2003)

CCR Section 7636.5(b) requires a yearly written plan for staff training be developed, implemented, and maintained on file by the nutrition service provider. CCR Section 7636.5(c) specifies the service provider R.D. shall review and approve the content of all staff training prior to presentation. During review of staff and volunteer in-service training documents, it was identified that yearly in-service plans were not developed or approved by the AAA R.D. The AAA R.D. acts as the service provider R.D. and is therefore responsible for approving the yearly written training plan for all service providers. CDA staff recommends the AAA R.D. develop a standard yearly written in-service training plan for ease of distribution to service providers.

Corrective Action: Ensure service providers have an annual written training plan approved by the AAA R.D.

CCR Section 7636.5(a)(1) and (2) requires training, at a minimum, to include food safety, prevention of food borne illness, Hazard Analysis Critical Control Points (HACCP) principles, accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures. Review of staff training documentation found that topics did not meet minimum requirements.

Corrective Action: Ensure training for paid and volunteer ENP service provider staff includes, at a minimum, the following topics: food safety, HACCP principles, accident prevention, fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.

California Retail Food Code Section 113969(a) requires all food employees preparing, serving, or handling food or utensils to wear hair restraints such as hats, hair covering, or nets that are designed and worn to effectively keep their hair from contacting non-prepackaged food, clean equipment, utensils, linens, and unwrapped single use articles. 29 CFR 1920.132(c) Occupational Safety and Health Standards requires all personal protective equipment to be of safe design and construction for the work to be performed. ServeSafe Course Book 4-10 Proper Work Attire states in part, to wear appropriate shoes that include clean, closed-toe, and non-slip sole. A review of the San Marcos Senior Center satellite kitchen found staff and volunteers in the kitchen without hair restraints during meal service. A staff member was also observed wearing open-toed shoes during meal service.

Corrective Action: Ensure San Marcos Senior Center staff and volunteers comply with OSHA and CRFC standards as required by Title 22.

Section 315(b)(4)(B) of the OAA states the AAA shall ensure that each service provider clearly informs each recipient that there is no obligation to contribute and that the contribution is purely voluntary. CCR Section 7638.9(d) specifies that no eligible individual shall be denied participation because of failure or inability to contribute. Signs posted by the donation box at two sites noted a suggested meal donation and a guest fee. Menus from the Neighborhood House Association Senior Nutrition Program noted, "All meals are on a pay-as-you can basis, however, a donation of \$3.00 for meals at the center and \$3.50 for home delivered meals is suggested." The procedure memo titled, "Requesting for Meal Donations," provided a home-delivered donation request letter that noted, "Please contribute what you can. If you wish, you may contribute by check weekly or monthly in the envelope we provide." None of the requests for donations specified that an individual would not be denied service because of failure or inability to contribute to the cost of the meal.

Corrective Action: Ensure all requests for donations include a statement to clearly inform each participant there is no obligation to contribute, and the contribution is purely voluntary.

CCR Section 7500(b)(2) states in part that records with client names, addresses, and phone numbers shall remain in a secure, locked file or secure area to protect confidentiality of the records. CCR Section 7636.7(d) requires the nutrition service provider to ensure that information about, or obtained from, a participant's records shall be maintained in a confidential manner according to subsection 7500(b). CDA found confidential participant files that contained nutrition intake and assessment forms with personal information were kept in an unlocked file cabinet at the City of Vista. CDA staff

also observed confidential participant nutrition intake and assessment information located in binders in the nutrition manager's office at San Marcos Senior Center.

Corrective Action: Ensure confidential participant files at the San Marcos Senior Center and Vista Senior Center are kept locked and secured.

CCR Section 7638.9(f) requires the nutrition service provider to establish written procedures to protect contributions and fees from loss, mishandling, and theft. Such procedures shall be kept on file at the service provider's site. During a review of the San Marcos Senior Center, CDA staff found no written procedures to protect contributions and fees. The informal procedure was for the program contributions and fees to be counted by the nutrition program manager in her office and then taken to the front desk of the San Marcos Senior Center to be verified by volunteers. There should be two people present when fees are counted in order to safeguard the funds.

Corrective Action: Ensure participant donations are counted in a manner that safeguards funds.

A review of the ENP RFP and service provider contracts found references to Section H, Recommended Dietary Allowances (RDA), and the California Uniform Retail Food Facilities Law (CURFFL). These references are outdated and should be revised to reflect the current law or requirements.

Corrective Action: Ensure RFPs and contracts do not include a reference to Section H, RDA, or CURFFL.

CCR Section 7638.3(a)(4) states in part that reassessment of need shall be determined quarterly. In addition, such reassessments shall be done in the home of the participant at least every other quarter. During a review of home-delivered meal participant records at the Neighborhood House Association Senior Nutrition Program, CDA staff found quarterly assessments were not completed in any of the ten files reviewed.

Corrective Action: Ensure quarterly reassessments for home-delivered meal participants are completed and included in each participant's file.

After review of the AIS monitoring process, CDA staff determined the ENP program review is not meeting all requirements of Title 22. The ENP monitoring is conducted by contract staff and the R.D. The specific areas covered by the R.D. include food production, sanitation and safety, food receiving and storage, refrigeration and freezers, personnel and volunteers, food transport, management practices, and in-service training. Contract staff covers the remainder of requirements during the monitoring process. The ENP monitoring tools do not reflect ENP requirements as set by Title 22 and should be adjusted to reflect the requirements.

Corrective Action: Ensure ENP monitoring tools incorporate Title 22 requirements.

CCR Section 7636.1(b)(6) requires each ENP to, at a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities. CDA staff reviewed five provider files to evaluate completion of quarterly monitoring of central kitchens and satellite nutrition sites. Only one out of five service provider files reviewed contained all quarterly monitoring.

Corrective Action: Ensure all service provider food facilities are monitored quarterly for safe food handling and sanitation practices.

CCR Section 7638.11(c) states nutrition education services shall be based on the particular need of congregate and home-delivered meal participants. An annual needs assessment shall be performed by the nutrition services provider to make this determination. Although participants verbally express what nutrition education topics are desired at a monthly nutrition education meeting, CDA staff found that the Neighborhood House Association Nutrition Program had not conducted an annual participant needs assessment for FY 2006/07.

Corrective Action: Conduct an annual nutrition education needs assessment for all participating seniors.

Title III E—Family Caregiver Support Program (FCSP)

Section 302(1) of the OAA requires that all Title III supportive services (including FCSP) be provided in a manner that facilitates accessibility to, and utilization of, the services provided within the AAA's PSA. FCSP funded services were not consistently identified on the websites or in the service brochures for AIS' contracted FCSP service providers. For example, Elder Law and Advocacy received Title III E funds, but its website did not mention assisting family caregivers. The Jewish Family Service website offered seminars and care management to caregivers, but did not advise caregivers on the availability of the FCSP-funded Fix-It program. Also, the AIS website identified that FCSP included chore services and home-delivered meals for caregivers, but funding was not budgeted for these services.

Corrective Action: Ensure FCSP direct and contracted service provider websites and public information materials contain eligibility and access information on Title III E funded caregiver services.

AAA Procurement Procedures in CCR Section 7352 utilize the approved AAA Area Plan budgeting and service unit performance expectations as the basis for the RFP and Contracts criteria. AIS' FY 2006/07 Area Plan Budget was not consistent with contracted service delivery requirements. For example, this budget showed that YMCA of San Diego was funded to provide Respite Care. However, the YMCA contract also required 150 hours of Caregiver Community Education and 112 hours of Caregiver I&A. Delivery of these two services may have been intended to meet "match" requirements,

but they were not included in the Area Plan Budget. A similar “match” inconsistency existed with the provision of Caregiver Visiting by Interfaith Community Services. Southern Caregiver Resource Center was budgeted and contracted to provide Caregiver Counseling, but expenditures related to provision of this service were not reflected in the Area Plan Financial Closeout Report. (Note: Applicable RFPs were not available to compare for additional inconsistencies.)

Corrective Action: Ensure reported FCSP service category performance units and expenditures correlate with the approved Area Plan Budget and Service Unit Plan.

Section 373(e)(2) of the OAA requires that data and records shall be maintained in order to monitor for compliance with federal requirement and ensure performance accountability. AIS budgeted for the direct provision of Caregiver Community Education in FY 2006/07 (revised to \$150,638) and FY 2007/08 (revised to \$191,888). AIS staff reported funds were used for a radio program, web-based resource guides, and printed resource directories. However, AIS did not maintain records documenting “hours” of service activity and estimated number of persons served. A portion of expenditures were reported in the Area Plan Financial Closeout Report, but there was no evidence that performance data (if any) was included in the FCSP Quarterly Service Report submitted to CDA.

Corrective Action: Ensure systems are in place to track performance accountability for the direct provision of FCSP Community Education and report data to CDA.

OMB Circulars A-87 (Cost Principles for State, Local, and Indian Tribal Governments) and A-122 (Cost Principles for Nonprofit Organizations) Attachment A states in part costs are allowable to a particular cost objective in accordance with relative benefits received. These federal cost principles allow programs to share costs with other programs and organizations as long as each program pays its fair share of costs. The program costs must be reasonable, necessary, and allocable. AIS reported that Title III E Caregiver Community Education funds were used to pay a portion of a radio program, web-based resource guides, and printed resource directories. However, staff was not able to provide documentation of overall program costs and the percentage associated to Title III E. During the Southern Caregiver Resource Center site visit, the Director of Programs and Services acknowledged that salaries for the Director of Education and three of six Family Consultants were funded 100% under Title III E, but said these four staff members also provided services for the California Department of Mental Health (DMH) funded caregiver program.

Corrective Action: Ensure service providers have a system in place to determine reasonable allocation of costs in accordance with benefits received when Title III E program costs are shared with other programs.

Sections 372(b)(1) and 373(c)(2) of the OAA specify that when serving FCSP eligible caregivers of older adults, priority shall be given to: (a) caregivers providing care to individuals age 60 or older with a cognitive impairment, and (b) caregivers age 60 or older having the greatest social and economic needs. These OAA service priorities meet the intent of having FCSP respond quickly and effectively to prevent potential collapse of a fragile caregiver support arrangement, thereby preventing institutional placement and the potential spend down to Medi-Cal. County Contract Number 508048 with Southern Caregiver Resource Center specified in the “Specific Requirements for Service Delivery” that a comprehensive caregiver assessment shall be performed prior to the provision of respite services. This AIS service provider requirement could cause the unintended collapse of a fragile unpaid caregiver support network if no exceptions are allowed for emergencies.

Corrective Action: Ensure service provider intake policies associated with accessing Title III E services do not prevent timely delivery of respite care.

Section 373(e)(1) of the OAA requires the State to establish standards for the federal caregiver support service categories specified in Section 373(b) and then assure services are provided in accordance with these standards. CDA provides these specifications within its FCSP Services Matrix. County Contract Number 508048 with Southern Caregiver Resource Center specified in the “Process Objectives” that the subcontractor “shall provide 1,091 hours of adult day care each contract year.” During the Southern Caregiver Resource Center site visit, the Director of Programs and Services acknowledged that the provision of “Adult Day Care” units did not correlate with CDA or Administration on Aging National Aging Program Information Systems (NAPIS) service criteria for FCSP. While FCSP does not include the provision of “Adult Day Care”, FCSP Respite Care may be provided in the form of temporary, substitute day care center support for a care receiver in order to provide a brief period of relief or rest for caregivers.

Corrective Action: Discontinue procurement of Day Care and ensure services provided through FCSP conform to CDA Service Matrix standards.

Section 315(b)(4) of the OAA requires AAAs to ensure that its service providers will provide each participant with an opportunity to voluntarily contribute to the cost of the service, and clearly inform each participant there is no obligation to contribute and the contribution is purely voluntary. FCSP service providers did not consistently meet this requirement. During the Jewish Family Service site visit, the Fix-it program coordinator expressed her clients could not afford to donate; therefore, she did not provide this opportunity. Southern Caregiver Resource Center was subcontracted to provide FCSP Caregiver Counseling, as well as caregiver counseling services funded through DMH. However, Southern Caregiver Resource Center’s website stated that “a sliding scale is used to cover the costs of counseling” and did not distinguish between federally-funded FCSP and state-funded DMH counseling services.

Corrective Action: Ensure service providers give all Title III E caregivers an opportunity to voluntarily contribute to the cost of a service.

Corrective Action: Require service providers, when soliciting voluntary contributions, to inform all Title III E caregivers that services will not be denied to anyone who does not contribute to the cost of a service.

Section 373(a) of the OAA requires that Title III E funds shall be used to pay for support service provided to family caregivers of older adults and older relatives caring for children. These FCSP services are provided in response to assessed caregiver needs and are intended to facilitate and enhance the caregiving role. A care receiver may indirectly benefit from the service (e.g., installed tub transfer bench improves care receiver safety and enhances bathing autonomy), but the focus is on the caregiver (e.g., reduce the caregiver's physical strain during bathing assistance). FCSP Home Modifications and Assistive Devices are for those caring for a frail elder as defined in Section 102(a)(22) of the OAA. The Title III E-funded Jewish Family Service Fix-It program was marketed to seniors, and home repairs addressed the safety needs of these seniors. During the site visit, a review of three FCSP records revealed seniors as the clients, frailty criteria was not addressed, and services focused on their (and not the caregivers') needs. The clients were asked to identify a "caregiver" in order for the program to comply with FCSP eligibility requirements.

Corrective Action: Reevaluate the Jewish Family Service Fix-It program to determine if it meets Title III E program requirements.

Title V—Senior Community Service Employment Program (SCSEP)

CDA's Title V Standard Agreement, Exhibit A, Article II(4) states that the AAA shall monitor and evaluate contract compliance of the service provider using the monitoring tool which contains the SCSEP core elements. A review of the provider contract file revealed that an annual program monitoring had not been completed of the SCSEP service provider.

Corrective Action: Conduct annual onsite monitoring of the SCSEP service provider using CDA's monitoring tool to ensure all core elements are reviewed. (Repeat finding, May 2003)

CDA's Title V Standard Agreement, Exhibit A, Article II(C)(1) requires the AAA to ensure that all applicable Title V Standard Agreement provisions are included in the SCSEP service provider's contract with the AAA. A review of the service provider contract file revealed that the SCSEP service provider contract did not include all applicable Title V provisions.

Corrective Action: Ensure all applicable provisions required within the CDA Title V Standard Agreement are included in the SCSEP service provider contract.

Specific Program Reports—Older Californians Act Programs

Alzheimer's Day Care Resource Center (ADCRC)

CDA's Standard Agreement Exhibit A, Article II(A)(15) requires AAAs to annually conduct onsite program and fiscal monitoring; evaluate, and document subcontractor performance. The ADCRC program is a contracted program that is monitored by AIS. During a review of the monitoring of this program it was found that the program was last monitored using the Monitoring Assessment Checklist Tool developed by AIS to monitor all of their programs. The checklist is a one-page list that does not address the specific requirements for the ADCRC program. The required monitoring tool for the ADCRC program is the Core Elements tool which is available in the ADCRC manual. The use of the Core Elements monitoring tool for all AAAs was established by an agreement between CDA and the California Association of Area Agencies on Aging.

Corrective Action: Ensure the ADCRC Core Elements monitoring tool is used to monitor the ADCRC program.

Health Insurance Counseling and Advocacy Program (HICAP)

CDA's HICAP Standard Agreement, Exhibit A, Article II(M) contains specific requirements for AAAs providing Legal Services under HICAP. The FY 2007/08 HICAP Budget indicates AIS' HICAP Program is contracted without legal services. Upon review of data reports and the AIS' local HICAP contract it appeared that legal services are performed and supported with HICAP funds.

Corrective Action: Determine if the HICAP service provider is providing legal services and if so, indicate in the HICAP budget and report data as appropriate.

CDA staff reviewed the contract language contained in AIS' HICAP contract and compared this language to CDA's HICAP Standard Agreement Exhibit A and Exhibit E. Several required provisions of CDA's HICAP Standard Agreement were not included in AIS' contract with Elder Law and Advocacy.

Corrective Action: Ensure all applicable provisions required within the CDA HICAP Standard Agreement are included in the HICAP service provider contract.

Linkages

Section 6 of the Linkages Program Manual requires the client approve the care plan by phone or in writing and the approval be documented in the progress notes. Care Management services are voluntary and a client's consent must be obtained before services can begin. While completing a chart review, CDA staff found no indication that the client had approved the care plan.

Corrective Action: Obtain client approval for the care plan by phone or in writing and record in the progress notes.

Section 6 of the Linkages Program Manual specifies that each care plan must contain the following categories: problem areas which illustrate the need for care management, appropriate interventions/services to be arranged, desired outcomes, ongoing updating, and indication of status. In a review of a client chart, CDA staff discovered the care plan did not contain any information concerning the current status of each service provided. This section of the care plan should provide a completion date or information that provides the reader with information concerning the ongoing provision of services to the client.

Corrective Action: Complete the “Resolved/Date” section of each Care Plan entry.